Staying in Treatment: How Much Difference is There From Prison to Prison?
Executive Summary - 2001

Overview of Study

Results from the Treating Inmates Addicted to Drugs (TRIAD) study found that the Federal Bureau of Prisons' residential drug abuse program (DAP) reduced arrests and drug use in both the six months and three years following subjects' release from prison, taking into account the effects of self-selection into treatment. The TRIAD study improved upon previous research by considering the entire population of eligible subjects in comparing the outcomes for those who entered and completed treatment and those who did not.

Previous research clearly indicates that the longer participants remain in drug treatment the better their treatment outcomes, with some studies suggesting a minimum threshold of 90 days in treatment for clinically significant improvement in behavior. While there is some research which examines individual characteristics which predict treatment retention, this research has been completed primarily in community-based programs. Furthermore, whereas there is increasing attention being paid to program characteristics related to treatment retention, there are no multi-site studies of retention with prison-based settings. The purpose of this study was to provide knowledge about treatment retention within a prison-based setting by assessing (1) whether there were differences between the types of participants who voluntarily left treatment and those who were expelled because of disciplinary infractions, and (2) whether there were program variations across the different types of program non-completion, and if so (3), what program factors were associated with each type of treatment non-completion.

The total sample size consisted of 1,446 individuals, 1,175 men and 271 women treated at 19 treatment programs. Characteristics of individuals used as predictors in our models included race, ethnicity, age at time of admission to treatment, educational level (highest grade completed), ever legally married, prior commitments, history of violence, employment status in the month before incarceration, type of drug used on a daily basis in the year before arrest and history of previous drug treatment. DSM-III-R diagnoses of antisocial personality and depression as well as measures of internal motivation and external incentives (e.g., the year off provision) were included. Information on program characteristics were obtained from yearly staff surveys administered to treatment staff. The program characteristics were chosen if there was variation across programs and if a particular program had very similar ratings across the two or more years for which data was examined. These characteristics included staff experience, several indicators of participants' levels of therapeutic involvement and support provided by staff, and several indicators of the degree of program emphasis on adherence to program rules and treatment goals.

There was a greater percentage of non-completers who were discharged for disciplinary reasons (10 percent) than who voluntarily dropped out of treatment (6 percent). Almost half (45%) of those who were disciplinary discharges were removed from the program within the first 5 months of entering treatment, and some were discharged in the last few months of treatment. In contrast, those who dropped out did so sooner, as more than half dropped out within the first 3 months of treatment. There were different predictors of these two types of treatment attrition,

both at the individual level and at the program level. At the individual level, younger individuals, those with a history of violence, and those with a diagnosis of antisocial personality disorder were more likely to be discharged for disciplinary reasons. In contrast, women and individuals with lower levels of motivation for change were more likely to leave treatment voluntarily.

With respect to program differences, the results indicated that there was program variation in both types of attrition after controlling for individual level characteristics. Only one program level factor – "greater emphasis placed on discharge for violation of program rules" – was found to be predictive of disciplinary discharge. No program level factor was predictive of voluntarily leaving treatment. However, the results showed that there was additional variation at the program level in both types of treatment attrition which needs to be explained.

Treatment Implications

In general, our results demonstrated that how programs are implemented do indeed affect retention. Retention is associated with both individual and program characteristics. This points to the importance for program administrators to review their program procedures and philosophies.

The results concerning disciplinary discharge point to the need for clinicians to pay special attention to individuals at risk of acting out and focus on teaching them how to control their behavior. These young individuals with a diagnosis of antisocial personality and a history of violence are likely to respond to stress in an impulsive and aggressive manner. Disciplinary discharges occurred at various times throughout treatment, indicating that this focus should start as early as possible and continue throughout treatment. Furthermore, the results showed that since men were no more likely to be discharged for disciplinary reasons, the emphasis on behavioral control is required for both men and women.

In contrast, individuals who enter treatment with low motivation for change, and thus are a risk for dropping out of treatment, may require additional group sessions to increase their motivation and to maximize the salience of the link between specific treatment elements and desirable personal benefits. The results suggest that efforts at increasing motivation should occur early in the treatment process since more than half of those who dropped out did so in the first three months.

There is emerging literature on motivational interviewing which suggests that clinicians can elicit the motivation to change from within the client, an approach which is juxtaposed with the notion that many clinicians use which involves direct confrontation of an individual's denial of a substance abuse problem.